

3/4/2021

Medical Board

[Print this page](#)**Board: Medical Board****South Carolina Board of Medical Examiners
Website Verification**

TIDELANDS HEALTH MUSC FAMILY MEDICINE RESIDENCY PR
4070 HIGHWAY 17 BYPASS SOUTH
MURRELLS INLET, SC 29576-5033

Name: B [REDACTED] V [REDACTED] Profession: [MD](#) Office Phone: 8436521000
Basis: [2014](#) School: [AUA](#) Graduation: 01/27/2012
License No: 35633 Date Issued: 07/06/2016 Expiration: 06/30/2019
Specialty: [FP*](#)

Rx#:

Rx Issue Date:

Primary Source Verification of Graduation Certified

Hospital Affiliation (s):
WACCAMAW COMMUNITY HOSP

Credential Status: Lapsed

No disciplinary action taken by the Board. This certifies that the above licensee was in good standing at the time of expiration of the license.

Board Public Action History:[View Orders](#)[View Other License for this Person](#)

No Orders Found



License History:

Temporary License Number: 35633
Temporary License Issue Date: 04/08/2016
Limited License Number: 35633
Limited License Issue Date: 07/01/2013

[Verification disclaimer](#)

[File a Complaint against this licensee](#)